

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90472 024 \*\*\*\*61.25

**DOCUMENT # N00000005588**

1. Entity Name

**HOLLYWOOD BEACH MERCHANTS AND HOTEL OWNERS ASSOCIATION, INC.**



Principal Place of Business

**900 N. BROADWALK  
HOLLYWOOD FL 33019**

Mailing Address

**900 N. BROADWALK  
HOLLYWOOD FL 33019**

**90039327**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1596185**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**FEINBERG, JEFFREY  
FEINBERG & MAIDENBAUM  
4000 HOLLYWOOD BLVD. SUITE 350-N  
HOLLYWOOD FL 33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	PROVENZANO, ANTHONY	<input type="checkbox"/> Delete
NAME		900 N. BROADWALK	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			
TITLE	P	JOYNT, AUDREY	<input checked="" type="checkbox"/> Delete
NAME		309 CAROLINA STREET	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			
TITLE	VP	FANNING, JAMES	<input checked="" type="checkbox"/> Delete
NAME		331 GRANT STREET	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			
TITLE	S	MEYER, ANGELA	<input checked="" type="checkbox"/> Delete
NAME		310 S BOARDWALK	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			
TITLE	Y	JOYNT, JOE	<input type="checkbox"/> Delete
NAME		309 CAROLINA STREET	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			
TITLE	D	LEWIS, GREG	<input type="checkbox"/> Delete
NAME		1512 N BOARDWALK	
STREET ADDRESS		HOLLYWOOD FL 33019	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE ZINKLER	
STREET ADDRESS	6024 N. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA CASE	
STREET ADDRESS	900 N. BROADWALK	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDREY JOYNT	
STREET ADDRESS	309 CAROLINA ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**AUDREY JOYNT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-923-9234**

CR2E037 (10/02)